

09/654783

Class	Subclass
386	96

# U.S. UTILITY Patent Application

O.I.P.E. SCANNED <i>HN</i> O.A. <i>HT</i>	PATENT DATE
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APPLICATION NO. 09/654783	CONT/PRIOR F	CLASS 386 <i>386</i>	SUBCLASS <i>96</i>	ART UNIT <i>2186</i>	EXAMINER <i>Chouinard</i>
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APPLICANTS  
Hideki Fukuda  
Satoshi Kondo

TITLE  
Recording apparatus and coding apparatus

PTO-2040  
12/89

ISSUING CLASSIFICATION							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
<i>386</i>	<i>96</i>	<i>386</i>	<i>109</i>	<i>68</i>			
INTERNATIONAL CLASSIFICATION							
<i>H04N</i>	<i>7/04</i>						
<i>H04N</i>	<i>7/26</i>						
<i>H04N</i>	<i>5/91</i>						
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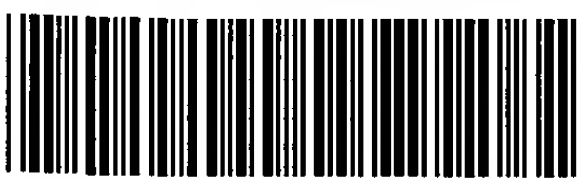
<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____  <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	<b>DRAWINGS</b> Sheets Drwg. <i>22</i> Figs. Drwg. <i>24</i> Print Fig. <i>1</i>			<b>CLAIMS ALLOWED</b> Total Claims <i>18</i> Print Claim for O.G. <i>1</i>	
	(Assistant Examiner) _____ (Date) _____  <i>Robert Chevalier</i> <b>ROBERT CHEVALIER</b> PRIMARY EXAMINER (Primary Examiner) _____ (Date) <i>11/14/99</i>			<b>NOTICE OF ALLOWANCE MAILED</b>   <b>ISSUE FEE</b> Amount Due _____ Date Paid _____	
	(Legal Instruments Examiner) _____ (Date) _____			<b>ISSUE BATCH NUMBER</b>	

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<b>Issue Classification</b> 	Application No.	Applicant(s)	
	09/654,783	FUKUDA ET AL.	
	Examiner	Art Unit	
	Bob Chevalier	2616	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
386		96		386	109	68			
INTERNATIONAL CLASSIFICATION									
H04N		7104							
H04N		7126							
H04N		5191							
		1							
		1							
(Assistant Examiner) (Date) <i>AD Jackson</i> 11/6/04 (Legal Instruments Examiner) (Date)				<i>Robert Chevalier</i> ROBERT CHEVALIER PRIMARY EXAMINER (Primary Examiner) 4/15/04 (Date)			Total Claims Allowed: 18 O.G. Print Claim(s) 1 O.G. Print Fig. 1		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
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